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County Council of the County of Lanark

EDUCATION COMMITTEE

THIRTY-FIRST
ANNUAL REPORT

ON THE

MEDICAL INSPECTION,
SUPERVISION, AND TREATMENT
OF SCHOOL CHILDREN

25
1939-40

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TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION
COMMITTEE OF THE COUNTY OF LANARK.

In submitting the Thirty-first Annual Report on the Medical Inspection, Supervision and Treatment of School Children in the County of Lanark for the year ended 31st July, 1940, the form in which the Report is presented is substantially the same as that for the year 1938-39 when certain recommendations issued by the Department of Health for Scotland regarding the classification of defects were given effect to.

The present Report covers almost a complete year of war conditions when the activities of the School Medical Service had frequently to be directed into unusual channels to meet certain contingencies. Although somewhat abbreviated, the Report gives a survey of the work undertaken during the year, and all essential facts are stated either in the body of the Report or in the statistical tables.

JOHN MACINTYRE,
Executive School Medical Officer.

SCHOOL MEDICAL INSPECTION DEPARTMENT,
COUNTY OFFICES,
HAMILTON, *December, 1940.*

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R. JARDINE BEATTIE, L.D.S.

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MARY M. BENNETT.

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MARJORY K. M'DOUGALL.

ISABEL MACKINNON.

JEAN G. M'GHIE.

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MARGARET C. R. SUTTER.

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MARY A. YATES.

Clerical Staff.

Chief Clerk—ROBERT A. M'ROBBIE.

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JANETTA L. DUNN.

(j) MARTHA P. O'NEILL.

HELEN S. STEVEN.

(k) JEAN B. THOMSON.

(a) Appointed 1/10/39.

(b) Died 30/9/39.

(c) Appointed (Temporary) 1/3/40.

(d) Resigned 31/12/39.

(c) Appointed 1/1/40.

(f) Appointed 16/9/39.

(g) Appointed 16/9/39.

(h) Resigned 15/9/39.

(i) Appointed 16/10/39.

(j) Appointed 4/9/39.

(k) Resigned 16/10/39.

**REPORT on the MEDICAL INSPECTION, SUPERVISION,
and TREATMENT of SCHOOL CHILDREN in the
COUNTY of LANARK, for the year ended 31st July, 1940.**

1. LIST OF STAFF.

The personnel of the medical, dental, nursing and clerical staffs—both whole-time and part-time—is shown on page 6 of this Report. Changes in personnel which have occurred since the last report are also indicated.

2. GENERAL STATISTICS.

The estimated population of the whole educational area, both County and Burghal, is substantially the same as last year when the figures were 507,916. The number of schools in the area is as follows :—

(a) Primary	221
(b) Secondary	21
(c) i. Special Schools	11
ii. Special Classes in Ordinary Schools	—
Number of home children on the school registers	84,897
Number of Government Scheme Evacuees on the school registers	918
Number of Voluntary Evacuees on the school registers	924
Number of children in average attendance	75,948

(The above figures are those shown in the official return for June, 1940.)

In regard to the Special Schools, all of these, with the exception of St. Vincent's Institution, Tollcross, were closed temporarily on the outbreak of war and have been requisitioned for military and civil defence purposes. Classes for physically invalid, mentally invalid, and deaf-mute children are being conducted, however, in classrooms in ordinary schools throughout the areas formerly served by the special schools.

The numbers of pupils shown as " Government " evacuees and " Voluntary " evacuees are now very much smaller than in the earlier part of the session, *e.g.*, in October, 1939, when the figures were 3,429 and 3,288 respectively, the total number of children on the registers then being 91,799.

3. SANITARY CONDITION OF THE SCHOOLS.

The sanitary condition of the schools throughout the whole area continues to be satisfactory. During the year under review, improvements in lighting, heating, water supply, &c., have been carried out where necessary.

4. ORGANISATION AND ADMINISTRATION.

A. SYSTEM AND EXTENT OF MEDICAL INSPECTION AND TREATMENT.

The scheme of school medical inspection and treatment remains substantially the same as formerly although both the organisation and administration of the scheme have had to undergo considerable adjustment to meet the altered circumstances arising from the Government's Evacuation Scheme and the exigencies of war.

On 22nd December, 1939, a joint Memorandum (No. E.V.S. 5 (b)) was issued by the Scottish Education Department and the Department of Health for Scotland, setting forth the great difficulties under which the school health services were functioning and emphasising the necessity for maintaining the services at the maximum state of efficiency under the new conditions. Special stress was laid on the maintenance of the nutritional standard of the children, the regular functioning, as far as possible, of all treatment clinics—eye, dental, nose and throat, and minor ailments—the maintaining of standards of cleanliness, &c., and the establishing of emergency clinics to deal with evacuated children.

It might be well to give a short survey of the special conditions affecting the school medical services in this County prior to and subsequent to the outbreak of war and to indicate how, in the altered circumstances, these services were maintained.

During the session 1938-39, there was a certain amount of interference with the normal working of the school medical services owing to all members of the medical, dental, nursing and clerical staffs being called upon to attend, from time to time, courses of instruction in Air Raid Precautions, Anti-Gas Measures, and in connection with the staffing of First Aid Posts. This, however, although causing some temporary disturbance, did not materially hamper the efficient discharge of routine medical work.

On the Government's Evacuation Scheme coming into force on September 1st, 1939, at only a few hours' notice, the entire school nursing staff and those medical officers who had not been specifically allocated to A.R.P. duties immediately became wholly engaged in the evacuation scheme and all the normal work of the school medical service fell into abeyance. The staff, along with nurses from the County public health service, were then fully employed in the examination of evacuated children (irrespective of age) and mothers at the various receiving centres throughout the County, prior to the evacuees being distributed to their billets. Although, nominally, the process of evacuation occupied only three or four days, it was actually several weeks before the staff could return to anything approaching normal working conditions. This was on account of the many difficulties which arose in regard to evacuated parents and children in their billets and also to the children scattered throughout the schools in the receiving areas. Not only had practically every billet to be visited, but also regular visiting of the schools attended by evacuated children was undertaken. By this means, evacuees—both mothers and children—who were suffering from some form of contagious disease or uncleanness, and who had escaped detection at the preliminary survey, were discovered and promptly dealt with.

As the Department of Health for Scotland had stressed the advisability of establishing minor ailments clinics in the receiving areas in order to control any threatened outbreak of contagious disease and to treat the minor ailments commonly found in any large body of children, no fewer than twenty-five emergency clinics were set up in the various receiving areas and all were functioning by the 17th of September, whilst a mobile clinic was equipped to tour the more isolated parts of the County. This travelling clinic served thirty-three small schools where the numbers of children to be dealt with did not warrant the establishing of a regular emergency clinic. In addition, the Education Committee's established clinics, *e.g.* at Hamilton, Larkhall, Wishaw, and Airdrie, dealt with evacuees billeted in adjacent receiving areas. The emergency clinics were staffed by members of the school nursing service in conjunction with nurses from the County public health service and, as can readily be understood, this caused considerable dislocation of normal working arrangements. To all this has to be added the many calls on the medical and nursing staffs in the investigation of complaints received from householders upon whom evacuated parents and children had been billeted.

It very soon became apparent that the scheme of evacuation and the dealing with evacuated children were bulking so largely in the public mind that there was grave danger of losing a proper sense of proportion of the situation as a whole. Particularly was this the case in regard to the school children in the densely-populated neutral areas who were being deprived of their customary medical supervision and treatment. Accordingly, it was decided to institute a systematic medical survey of the schools in the neutral areas and this was commenced towards the end of September. The examination of the children (consisting of regular age-groups and special cases) did not enter into such minute detail as in the case of normal routine inspection, nor were the findings recorded on the pupil's record card, but it embraced examination for infectious or contagious disease, the ascertaining of conditions which could be treated at the Committee's minor ailments clinics, the detection of cases of malnutrition, neglect or uncleanliness, and the routine visual testing of the scholars.

It is satisfactory to record that, notwithstanding the temporary upset in the routine school medical inspection, there was little, if any, disturbance of the regular dental inspection and treatment of the pupils.

To overcome the shortage in personnel occasioned by the sudden call for increased skilled nursing service, four of the more experienced nurse-attendants attached to the Committee's special schools were seconded for duty at the dental clinics, thus releasing four of the Committee's fully trained nurses to engage in school visiting and minor ailments clinic work.

Towards the end of 1939 it was found that, owing to large numbers of evacuated children and mothers having returned to their homes and to the fact that the great majority of the remaining evacuees had been cured of their minor ailments, the demands on the services of the medical and nursing staffs at the emergency clinics had greatly lessened. It was, therefore, decided to resume routine school medical inspection immediately after the Christmas vacation, commencing with those schools in the neutral areas which had not yet had the benefit of a medical survey. Routine inspection thereafter continued without interruption almost to the end of June.

Towards the end of June, 1940, another and exceedingly urgent call was made on the services of the school medical and nursing staffs in connection with the Government's Overseas Evacuation Scheme, whereby thousands of applicants for overseas evacuation who were of school age had to undergo a very thorough and searching medical examination. Not only did the examination apply to children normally attending school in the County and Burghs, but it also embraced all applicants of school age who were temporarily resident within the educational area. As the procedure necessitated the completion of a very detailed medical record for each applicant and the interviewing of each child's parent or guardian, nearly two months were occupied in the completing of the preliminary examinations, to be followed by a subsequent examination of those children who had been selected to proceed overseas.

In regard to the treatment of school children under the emergency conditions which prevailed, there was some disturbance of routine immediately on the outbreak of war, especially at those treatment clinics which had normally been conducted at Health Institutes by arrangement with the various public health authorities. Thus, at Coatbridge Health Institute, where dental, visual and minor ailments treatment of school children was carried out, the entire premises were immediately taken over for A.R.P. purposes. However, arrangements were at once made for minor ailments treatment to be undertaken at Coatbridge Central School, and for dental and visual treatment to be carried out at Langloan Primary School, without any loss of continuity of treatment. Similar adjustments were made at Larkhall and Blantyre, the minor ailments clinics in these districts being transferred from the Health Institutes to Machanhill Primary and Auchinraith Primary Schools respectively. At Motherwell Health Institute it was necessary to suspend treatment of school children for a few days only. Within a few weeks, regular treatment was resumed at Larkhall, Blantyre, and Bellshill Health Institutes, and has, so far, continued uninterruptedly.

In regard to ultra-violet ray treatment, the Health Institutes at Coatbridge, Motherwell, Bellshill, Cambuslang, Blantyre and Hamilton have, after the slight initial disturbance above mentioned, continued to afford full facilities for the treatment of school children, and now similar facilities are being given by the Burgh of Rutherglen at their new Health Institute. It has to be recognised, of course, that in the event of sudden emergency these facilities may have to be again suspended.

Bathing arrangements (spray or immersion baths) were also resumed at the various Health Institutes and, during the period under review, immersion baths were installed at the school clinic conducted at Gallowflat School, Rutherglen.

In regard to the visual treatment of school children in the whole educational area, there has been practically no disturbance on account of the national emergency. This also applies to the operative treatment of diseases of the ear, nose and throat, which has continued, without interruption, at the Committee's four centres. All treatment services are afforded to evacuee children equally with the Committee's ordinary school population.

Although the staff of the school medical service is now being employed, as far as possible, in the ordinary work of the service, all members are immediately available for casualty service at the First Aid Posts should occasion arise.

In regard to the maintaining of the nutrition of the school children, upon which the Department of Health for Scotland and the Scottish Education Department lay so much stress, the Education Committee of the County decided, immediately on the outbreak of war, that there should be no disturbance of the "Milk in Schools" scheme and this scheme has continued without interruption. The question of communal meals is also engaging the serious attention of the Committee, especially in regard to the more densely-populated areas of the County.

Although the regular machinery for the treatment of school children has again been fully available since shortly after the outbreak of war, the response made by the pupils cannot be said to be entirely satisfactory. The falling-off in attendance applies to every type of clinic—dental, visual, minor ailments, &c.—and the returns shown by the various clinics, with few exceptions, are certainly not in accord with what is normally found. This is due, in large measure, to the system of "double shifts" which was in operation in the matter of school attendance and, to a slightly lesser degree, to non-compulsory attendance at school. It is the unanimous opinion of all members of the medical, dental and nursing staffs that half-day attendance at school, the change over from forenoon to afternoon attendance in alternate weeks, and the voluntary character of school attendance all had a markedly adverse effect in securing satisfactory clinic attendance.

The system of school attendance which prevailed during the past session also offered a serious obstacle to the routine medical inspection and supervision at school, especially in the neutral areas, and was responsible for a considerable wastage of the medical officers' time. It also made the examination of regular "age-groups" of children a matter of difficulty.

If the health of school children is to be efficiently supervised and cleanliness, nutrition, and contagious diseases are to be effectively controlled, there is one place where, pre-eminently, this can be done, namely, AT SCHOOL. House to house visitation by members of the medical and nursing staffs can in no way be regarded as an efficient substitute for examination at school even though the staffs were largely augmented. If an approach to normal conditions of health supervision and treatment of disabilities is to be effected there must be, as far as possible, a return to normal conditions of school attendance.

Table I shows (a) the number of pupils examined as routine cases in the various age-groups, including Government evacuees ; (b) number of non-routine or special cases examined ; (c) number of re-inspections conducted by the medical officers ; (d) number of children examined in the routine age-groups who were notified to parents as requiring treatment, exclusive of cases of uncleanliness and dental caries.

As has been indicated earlier in this report, a medical survey of pupils was conducted in many schools in the neutral areas during the earlier months of the war, when routine medical inspection was largely in abeyance. The numbers examined were very large (37,307) and are shown as a special item in the table.

In regard to the treatment of school children, the Committee's scheme, which provides for dental, visual, ear, nose and throat, minor ailments and orthopaedic treatment, continued to function throughout the whole session with little, if any, interruption in spite of the emergency conditions prevailing. Each of these branches of treatment will be dealt with in subsequent sections of this report.

B. SYSTEM AND EXTENT OF DENTAL INSPECTION AND TREATMENT. *(For detailed account see Section 7 (page 21) of this Report.)*

C. SCHOOL NURSING AND ARRANGEMENTS FOR "FOLLOWING UP."

The school nursing service now consists of twenty-five fully trained nurses, two additional nurses having been appointed during the past session. The re-visiting of schools by the nurses and the following up of clinic and notified cases continue to be carried out as formerly.

D. CO-ORDINATION WITH PUBLIC HEALTH SERVICES.

The close co-operation which has always existed between the school medical service and the various public health services in the educational area continues to be maintained. The readiness with which the medical officers of health placed their health institutes at the disposal of the school medical service for the treatment of school children in their respective areas during the emergency is gratefully acknowledged. It will be seen from other sections of this report to what extent the joint use of clinics is carried out in the various public health areas.

E. CO-OPERATION WITH VOLUNTARY BODIES.

The extent and nature of the co-operation existing between the school medical service and the various voluntary bodies and outside agencies were dealt with in last year's report. This co-operation continues to be maintained.

F. CO-OPERATION WITH TEACHERS AND PARENTS.

(For details see last year's report.)

5. THE FINDINGS OF MEDICAL INSPECTION.

The conditions calling for remedial attention discovered during the routine examination of the school children vary little from year to year, any variation being chiefly in their frequency of incidence. The period covered by this report embraces almost a full year of war, and special care was taken by the medical officers to ascertain whether new ailments were appearing or whether there was any serious aggravation of conditions normally found. It is very satisfactory to record that, so far, there has been no serious deterioration in the general health of the pupils. This is evident from the statistical figures relating to the children's nutritional state, which compare favourably with those of former years. Thus, taking all ages of children examined, it was found that for the period under

review only 573 pupils out of 24,578 examined as routine cases, *i.e.*, 2.3 per cent., exhibited signs of slight malnutrition, whilst only 29 pupils, or 0.1 per cent., were classified as "bad nutrition," the comparative percentages for the year 1938-39 being 1.6 and 0.1 respectively. Similarly with respiratory illnesses, *e.g.*, bronchitis, where the percentage, for all ages, was 0.5 compared with 0.4 for the year 1938-39. In regard to infectious diseases the incidence was considerably less than for the previous year. There was some increase, however, in the cases of slight enlargement of the cervical glands.

In one particular, however, there was a definite deterioration this year, namely, in the condition of the clothing. The fault did not lie in the actual lack of clothing, but rather in its state of repair and general cleanliness. There can be little doubt that the system of voluntary school attendance, the part-time school session, and the cessation of routine medical inspection during the first half of the school year, together with the rather uncertain times in which all were living, led to some degree of carelessness manifesting itself in the supervision of children's garments. The neighbourly competition in turning out their children tidily dressed to school appears to have been relaxed somewhat, but it is hoped that this healthy rivalry will soon again become manifest. There was no falling off in the matter of footwear compared with former years.

The partial cessation of routine medical inspection for the first four or five months of the session also led to a certain carelessness in the matter of cleanliness of the hair, especially in the case of girls. It has been emphasised, over and over again, that inspection cannot safely be relaxed in this matter, and although the increase in numbers of dirty heads was not great it was quite appreciable.

It is satisfactory to note that no case of ringworm of the head was discovered at routine inspection and, from the diminishing number of cases found in recent years, it is hoped that, like its near relative, favus, it will become a rarity amongst school children. One would feel much happier if only the same could be said of scabies which still remains one of the major problems of skin disease. The difficulty of dealing with this trouble, especially as a family unit, has been emphasised in many previous reports.

Table II shows in detail the commoner conditions found as a result of routine inspection at school. The unclassified conditions in column 16 embraced such disabilities as chorea, nephritis, diabetes, haemophilia, chronic osteomyelitis, albinism, hernia, goitre, intestinal parasites, enuresis, tonsillitis, injuries or sprains, &c.

The medical examination of evacuated children who came within the routine age groups was carried out simultaneously with the routine examination of the "home" children. The numbers involved were not large, as the great majority of the evacuated children had returned to their homes prior to routine inspection being commenced. In all, 339 evacuees were examined as routine cases and the results of the examinations form an appendix to Table II.

It is somewhat difficult this year to tabulate the various branches of school medical work owing to the many and unexpected demands made upon the medical officers' time in connection with the Government's Evacuation Schemes, both for home and overseas, and A.R.P. work. As far as possible, however, the usual special examinations were made and reports furnished in the case of absentee children or irregular attenders; for applicants for part-time employment; in cases of "necessity" (malnutrition, boots, clothing, &c.); physically and mentally invalid children; cases coming under the Children and Young Persons Act, &c. These special examinations are summarised as follows:—

(a) Absentee Children or Irregular Attenders ...	334
(b) Physically and Mentally Invalid Children at Special Schools or Classes	724
(c) Physically and Mentally Invalid Children not at Special Schools or Classes	427
(d) Employment of Children Act	425
(e) Children and Young Persons (Scotland) Act ...	145
(f) Necessitous Children (Malnutrition, Boots, Clothing, &c.)	684
(g) Members of Education Committee's Staff ...	27
(h) Pupils for Residential Domestic Training ...	63
(i) Students in Preliminary Training	7
(j) Government Evacuation Scheme (September, 1939)	8,736
(k) Government Overseas Evacuation Scheme (June, 1940)	3,063
(l) Candidates for the Committee's Holiday Camps	1,102

Consultations with parents at the minor ailments clinics still constitute an important feature of these centres. No special record is taken of such consultations, running as they do into many hundreds during the year, except in exceptional cases. That the advice given regarding diet, clothing, scholastic prospects, type of employment suitable on leaving school, as well as on health matters generally, is greatly appreciated is evidenced by the large number of parents who take advantage of the opportunities which the clinics afford for obtaining guidance on matters affecting the welfare of their children.

In regard to the Committee's Holiday Camp Scheme, which, in spite of, or, should one say, because of the national crisis, not only continued as formerly but was actually extended to embrace a larger number of children, each participant in the scheme was medically examined on at least two occasions prior to his or her departure for camp, and each of the camps was visited at least once a week by one of the school medical officers. Further details of the holiday camp scheme are given in a subsequent section of this report.

6. MEDICAL TREATMENT.

A. MINOR AILMENTS.

For the treatment of minor ailments affecting school children the Committee have eleven fully-equipped clinics established in the more densely-populated areas, all of which clinics, with the exception of that at Shotts, are staffed by members of the school medical service. The clinic at Shotts is conducted by the public health service of the County by special arrangement.

As has been stated in an earlier part of this report, emergency measures had to be instituted immediately on the outbreak of war and twenty-five additional subsidiary clinics, as well as a mobile clinic, were set up. These were intended primarily to deal with the large numbers of evacuated children who were billeted throughout the County. As the majority of the evacuated children had returned to their homes by the end of the session (31st July, 1940), the number of emergency clinics still functioning had become considerably fewer, whilst the circuit covered by the mobile clinic was also much reduced. Where, formerly, there had been twenty-five emergency clinics, there were now only fourteen, and whereas the mobile clinic originally served thirty-three small rural schools, the number was reduced to five.

The difficulties which were encountered in maintaining a regular service at the treatment clinics have already been stated and, considering the abnormal conditions, the results, on the whole, must be regarded as satisfactory. At the Committee's eleven regular minor ailments clinics 13,246 children were treated during the past year, the number of attendances made by the patients being 64,248. In addition, the number of children treated at the emergency clinics and by the mobile clinic amounted to 4,330, the attendances made being 23,588. Thus, the total number of school children actually treated for some form of minor ailment during the year under review amounted to 17,576, the total attendances made being 87,836. These figures include 1,536 evacuee children who made 7,444 attendances at the Committee's regular and emergency clinics.

The following is a summary of the numbers treated at the Committee's regular minor ailments clinics :—

Clinic.	Medical Officer.	Children treated.	Attendances made.
Airdrie.	Dr. Darling.	1,473	6,805
Bellshill.	Dr. Perry	1,167	5,747
Blantyre.	Dr. Cormack.	1,190	5,598
Cambuslang.	Dr. Cormack.	1,051	5,036
Coatbridge.	Dr. Darling.	1,811	8,527
Hamilton.	Dr. Fraser.	1,932	8,967
Larkhall.	Dr. Fraser.	1,434	7,520
Motherwell.	Dr. Young.	943	4,082
Rutherglen.	Dr. Cunningham.	1,181	5,300
*Shotts.	Dr. Wilson.	276	1,883
Wishaw.	Dr. Young.	788	4,783
		<hr/>	<hr/>
		13,246	64,248
		<hr/>	<hr/>

* Conducted by the Staff of the County Public Health Department.

The following is a summary of the numbers treated at the special emergency clinics and by the mobile clinic :—

Clinic.					Children treated.	Attendances made.
Abington	...	...	...	...	57	402
Biggar	...	...	...	...	62	277
Crawford	...	...	...	...	76	479
Blackwood	...	...	...	...	146	1,006
Coalburn	...	...	...	...	66	335
Lesmahagow	...	...	...	...	137	655
Carlisle	...	...	...	...	358	2,673
Carnwath	...	...	...	...	131	841
Carstairs Junction	...	...	...	...	92	555
Forth	...	...	...	...	72	627
Lanark	...	...	...	...	185	1,156
Stonehouse	...	...	...	...	167	1,019
Strathaven	...	...	...	...	187	973
East Kilbride	...	...	...	...	99	437
Allanton	...	...	...	...	133	1,004
Benhar	...	...	...	...	496	2,663
Cleland	...	...	...	...	184	763
Carmunnock	...	...	...	...	11	59
Auchinloch	...	...	...	...	333	2,003
Caldercruix	...	...	...	...	178	1,072
Gartcosh	...	...	...	...	17	34
Glenboig	...	...	...	...	9	21
Greengairs	...	...	...	...	212	1,160
Muirhead	...	...	...	...	20	35
Stepps	...	...	...	...	20	82
Mobile Clinic	...	...	...	...	882	3,257
Total ...				...	4,330	23,588

B. DEFECTIVE VISION AND SQUINT.

The routine work at the ophthalmic clinics was maintained throughout the year in spite of the national emergency, although the regularity of attendance of certain of the patients left something to be desired. As in the case of all other clinics, the full services of the ophthalmic clinics were afforded to evacuee children equally with the normal school population. The procedure followed in the case of children whose eyesight is found to be defective, including all cases of squint, was fully explained in last year's report.

During the year under review, the Committee's ophthalmic surgeons—four in number—undertook a full ophthalmoscopic examination of 2,255 children and re-examined 4,304. Spectacles were prescribed in 1,967 instances. All of the eye specialists commend the skilled attention given to those cases of external eye disease which were referred by them to the school minor ailments clinic for treatment, often of a prolonged nature, and to the very satisfactory results generally obtained.

Careful records are kept at the ophthalmic clinics of all cases treated, and in pre-war years these records furnished data for observations by the eye specialists which were not only interesting but also of considerable scientific value. Unfortunately, it is not possible, meantime, to record these observations in detail, but when the present emergency has passed it is hoped to resume incorporating them in the annual reports.

Table VI. gives a summary of the work undertaken by each eye specialist during the past year.

C. NOSE AND THROAT OPERATIVE TREATMENT.

The Committee has arranged for four convenient centres at which operative treatment for diseases of the ear, nose and throat can be obtained by school children and, notwithstanding the national emergency, treatment proceeded without interruption during the past year. The only adjustment which required to be made was the transferring of the treatment centre from Calderbank House, Baillieston, to the County Health Institute, Larkhall, as Calderbank House was required for war nursing purposes. Altogether, 424 children were treated by the Committee's ear, nose and throat surgeons; of this number, 398 received operative treatment. The following is a summary of the treatment conducted during the year :—

Health Institute, Larkhall.

(Dr. JAMES ADAM).

Number operated on for tonsils and adenoids	...	...	...	...	147
Treated without operation...	...	...	...	...	10
Cases of chronic aural suppuration	...	...	...	...	10
Nasal operations	...	...	...	...	9
Asthmatic cases treated	...	...	...	...	6
Total cases treated					182
Number of attendances made					476

Carnegie Health Institute, Motherwell.

(Dr. R. A. GRAY).

Number of school children operated upon for tonsils and adenoids	... ..	164
Number of attendances made by school children	...	452
Time occupied by surgeon—hours	... ..	50
Time occupied by anaesthetist—hours	... ..	33

Lady Home Hospital, Douglas.

(Dr. R. A. GRAY).

Number of school children operated on for tonsils and adenoids	23
--	--------	----

The Lockhart Hospital, Lanark.

(Dr. C. E. SCOTT).

Number of school children operated on for tonsils and adenoids	55
--	--------	----

D. ORTHOPAEDIC TREATMENT.

Orthopaedic treatment was afforded to 57 children at one or other of the following hospitals, and special surgical boots or other orthopaedic appliances were granted by the Committee at a cost of £151 3s. 0d.:—Orthopaedic Hospital, Stonehouse; Royal Hospital for Sick Children, Glasgow; Victoria Infirmary, Glasgow; Royal Infirmary, Glasgow; Royal Hospital for Sick Children, Edinburgh; Royal Infirmary, Edinburgh.

7. DENTAL INSPECTION AND TREATMENT.

As has been indicated in previous reports, the scheme of dental inspection and treatment embraces every pupil, irrespective of age or school attended, throughout the entire educational area and dental inspection is carried out at least once yearly by the Committee's dental officers. Notwithstanding the present emergency, the scheme continued to function during the year, practically without interruption, and included all evacuee children in attendance at school throughout the area.

The response of the pupils was, however, not in keeping with pre-emergency years; the explanation of this has been given earlier in this report. It is hoped that when normal school attendance is resumed the "dental response" will approximate more nearly

to pre-war figures. During the past year, 20,897 school children received dental treatment, involving 22,278 attendances at the clinics. In addition, 327 evacuee children received treatment, involving 330 clinic attendances. Thus, the total number of children treated was 21,224 and the number of attendances made at the clinics was 22,608. The total number of children dentally examined at school by the dental officers during the year was 92,020.

The following is a summary of the treatment carried out by each of the dental officers :—

Dental Officer.	No. of Children Treated.	Extractions (temp. teeth).	Extractions (perm. teeth).	Fillings (Amal. or Cement).	Other treatment. (cleaning, scaling, etc.).
Mr. Beattie ...	3,044	4,794	729	1,083	212
Mr. Rankin ...	2,531	3,262	1,033	991	1,242
Mr. Watson ...	3,627	4,190	653	1,039	167
Mr. Weatherston ...	2,967	4,563	1,137	1,238	15
Mr. Gibson ...	3,234	4,571	704	1,319	162
Miss Watson ...	2,335	2,799	806	620	105
Miss Hinshelwood ...	3,486	6,492	1,253	1,019	573
	21,224	30,671	6,315	7,309	2,476

In addition to the dental treatment of school children undertaken by Mr. Rankin, 18 pre-school children in Hamilton Burgh were treated by him by arrangement with the Medical Officer of Health of the Burgh.

Table V. shows in detail the work undertaken by the dental officers for the past year, the treatment afforded to evacuee children being shown separately.

8. SPECIAL SCHOOLS AND CLASSES.

The work in connection with special school education has, during the past year, been carried out under conditions of great difficulty. It is safe to say that the special schools, of all educational establishments, were those which suffered most severely from the present emergency, and the restrictions imposed called for a drastic alteration in the school routine. On the outbreak of war, all of the Committee's four special schools were immediately requisitioned for military or civil defence purposes and alternative accommodation for the pupils had to be sought. This proved no easy matter, for, of all classes of school children, physically and mentally defective children are the least adaptable to improvised accommodation. Ultimately, however, spare classrooms were obtained in some of the ordinary schools in the more populous areas. As each special school normally serves a wide area and the pupils are conveyed by special ambulance buses from rather sparsely populated districts as well as from the larger centres of population, it can be readily understood that some districts could not furnish a sufficient number of pupils to justify the allocation of a special teacher, even although suitable accommodation could have been found for them in the local school.

The question of transport proved another obstacle as the ambulance buses ceased functioning when the special schools closed down. The Committee were prepared to pay the fares of those children who could travel by public conveyance to the nearest school at which a special class had been formed and this solved, to some extent, the transport problem of the majority of those invalid children who were fortunate enough to reside in districts served by public bus or tramcar. But it did not solve the problem of those children who suffered from some severe form of crippling disablement or who were of too tender an age or not sufficiently mentally alert to be trusted to travel alone.

As the special schools normally make provision both for physically and mentally invalid children another problem, that of providing education for both types of children, classroom accommodation being limited, had to be faced. The question of the feeding of the pupils also was a difficult one, as the schools in which special classes were formed were not equipped for the providing of a hot mid-day meal.

In ordinary times, the marked success attending the Committee's special schools, and this applies particularly in the case of physically invalid children, depends on many factors, *e.g.*, spacious, airy, well-lit classrooms, bathing arrangements, transport by special bus to and from school, rest-room accommodation, regular medical attention, special provision for the myopic, suitable feeding arrangements, &c. Of all of these factors, the last mentioned is undoubtedly one of the most important in restoring children to normal health ; indeed, one might almost say that the problem of the physically invalid pupil is largely a matter of proper feeding.

However, credit must be given for the earnest endeavour that was made both by the Director of Education and the special school teachers to maintain, under exceedingly adverse circumstances, continuity of education for the special school population. It is probable that if matters can be satisfactorily arranged with the military and civil defence authorities some improvement in the provision of suitable accommodation may result.

The number of *physically* invalid children on the registers as at 31st July, 1940, was 442. In addition, there were 13 children receiving education at Eastpark Home for Infirm Children, Glasgow, and 4 at the Colony for Epileptics, Bridge of Weir.

The number of children attending classes for high myopes was 28. Blind children or children who are educationally blind are educated at the Edinburgh Royal Blind School or at St. Vincent's School for the Blind, Tollcross, Glasgow. The number of children at each of these Institutions is 9 and 3 respectively.

In regard to the education of deaf, deaf-mute, or educationally deaf children, the following shows the numbers provided for during the year :—

At the Committee's special classes	...	...	...	31
St. Vincent's School for the Deaf, Tollcross, Glasgow	...	...	...	25
Langside Deaf-Mute School, Glasgow	...	...	...	1
Donaldson's School for the Deaf, Edinburgh	...	...	...	24

Provision for the education of *mentally* invalid children during the past year was as follows :—

At the Committee's special classes	...	...	...	251
Birkwood Certified Institution, Lesmahagow	...	...	...	7
St. Charles' Certified Institution, Carstairs	...	...	...	1
Larbert Certified Institution	...	...	...	1

9. ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE.

A, B, C, and E :—

For an account of the arrangements in force in regard to these sections, see Report for year 1938-39.

D. HOLIDAY CAMPS.

Notwithstanding the national emergency the Committee decided to continue their Holiday Camp scheme during the summer vacation, although there was some misgiving as to whether enemy action might not result in the camps having to be hurriedly terminated. No untoward incident, however, occurred, and during the month of July 541 children were given at least one week's holiday in the country. An experiment was made, on the suggestion of the Head-teacher of Woodburn Special School, of including physically invalid children in the scheme and the marked success of this innovation will, doubtless, result in the special schools finding a permanent place in future holiday camp schemes.

Briefly stated, the scheme provided for one week's holiday in the country for selected pupils from 60 ordinary schools and a fortnight's holiday for selected physically invalid pupils from Woodburn Special School. In the case of the ordinary schools, the areas selected were, as formerly, the more densely-populated urban districts and the children chosen were those who, apart from the Committee's scheme, were not likely to obtain any seaside or country holiday. The schools to which the scheme applied were specified by the Committee but the actual selection of the children was made by the head teachers of the schools concerned. The selected children were, of course, submitted to medical examination by members of the school medical service prior to their selection being confirmed and again examined a day or two before they set off for the camp. During the actual camping period each camp was visited at least once weekly by one of the school medical officers, but camp superintendents were empowered to obtain the services of a local medical practitioner in case of emergency.

The following districts were selected as holiday centres and in each case the children were accommodated in a school :—

Lanark (New Lanark P. School)—Woodburn Special School pupils. Boys, first fortnight ; Girls, second fortnight.

Lanark (St. Mary's R.C. School)—R.C. Boys' Camp.

Douglas (Douglas P. School)—Girls' Camp.

Carnwath (Carnwath P. School)—R.C. Girls' Camp.

Leadhills (Leadhills P. School)—Boys' Camp.

Biggar (Biggar H.G. School)—Boys' Camp, first fortnight ;
Girls' Camp, second fortnight.

It is again very gratifying to record that the appeal which was issued for voluntary helpers received an enthusiastic response from the teaching staff and during the period of the six camps the services of 80 volunteers were utilised.

In addition to the above-mentioned camps which were under the auspices of the Education Committee, certain secondary schools organised camps of their own which proved very successful, the Committee providing the necessary school accommodation. If there is to be any marked development of the holiday camp scheme in Lanarkshire the question of securing suitable accommodation will have to be faced.

10. OTHER ACTIVITIES IN RELATION TO THE HEALTH OF SCHOOL CHILDREN.

In this category might be included such activities as the feeding of necessitous children, the milk in schools scheme, provision of clothing, boots, tonic food, &c., and propaganda on health subjects. These matters were fully dealt with in last year's report. Some comment, however, is necessary in view of the altered circumstances occasioned by the outbreak of war. Thus, in regard to the scheme for the provision of a hot mid-day meal to school children in No. 6 School Management Area (Bothwell Parish), which was fully explained in last year's report, the central cooking depot at Bellshill was temporarily closed down. This was due to the altered educational arrangements which had to be brought into force on the outbreak of war. During the period of closure advantage was taken to have a thorough overhaul of the equipment at the depot and the installing of additional machinery, so that the centre is now equipped to cater for a much larger number of children.

The "milk in schools" scheme has continued without interruption during the year. The following table shows the average

number of children who partook of milk daily at school during each month, comparative figures for 1938-39 also being given :—

Month.				1939-40.	1938-39.
September	...	...	...	35,476	37,120
October	...	...	...	33,194	36,694
November	...	...	...	32,420	35,178
December	...	...	...	30,868	34,032
January	...	...	...	28,170	33,600
February	...	...	...	30,255	34,054
March	...	...	...	31,700	35,363
April	...	...	...	34,957	35,760
May	...	...	...	38,145	36,988
June	...	...	...	35,454	34,229

As regards the provision of free milk to necessitous children, this was granted on the recommendation of the school medical officers to 1,369 children. Similarly, tonic food, in the form of cod liver oil and malt extract, was granted to 84 necessitous pupils. It has to be noted that all pupils in attendance at the Committee's special classes receive tonic food daily.

Free clothing was granted in 114 cases and free boots to 9,763 children.

Propaganda on all matters affecting the health of the children is conducted as a matter of routine at all of the clinics and during the course of medical inspection at school. Naturally, each clinic—dental, visual, nose and throat, and minor ailments—specialises in its own particular propaganda, but the combined efforts all make for the building up of a composite system of health observance.

In a broad survey of the various activities of the school medical service during this first year of war, although the writer is fully conscious of certain shortcomings in organisation which, in the light of fuller experience, might have been avoided, it can be claimed that a real endeavour was made to keep the essential branches of the service functioning as near as possible to what pertains in more normal times. Whatever measure of success has been attained in this respect is due to the whole-hearted co-operation of all members of the service—medical officers, dentists, nurses, and clerical staff alike. Upon the last-named, especially, a heavy task was laid, but was uncomplainingly carried through. In no less degree must tribute be paid to those members of the teaching profession who willingly co-operated in the many and unexpected adjustments which the national emergency made necessary in the carrying out of school medical work.



TABLE I. (1939-40).

Total number of children examined at

A. SYSTEMATIC EXAMINATIONS :—

Ordinary Schools	{	Entrants	...	...	...	...	7,648
		Second Age Group	...	...	...	...	8,488
		Third Age Group	...	...	...	...	8,046
		Fourth Age Group	...	...	...	...	—
Secondary Schools	}	Age Group	...	...	...	...	396
		Total	...	...	...	...	24,578
Government Evacuees		...	...	...	...	...	339
		Grand Total	...	...	...	...	24,917

B. OTHER EXAMINATIONS :—

Special (Non-routine) Cases	...	...	...	...	8,097
Re-inspections by Medical Officer	...	...	...	...	684
Special Survey	...	...	...	...	37,307
Total	...	...	...	...	46,088

Number of individual children inspected at systematic (routine) examinations who were notified to parents as requiring treatment (exclusive of uncleanliness and dental caries) :—

Ordinary Schools	{	Entrants	...	...	...	...	1,345
		Second Age Group	...	...	...	...	1,508
		Third Age Group	...	...	...	...	1,359
		Fourth Age Group	...	...	...	...	—
Secondary Schools	}	Age Group	...	...	...	...	33
		Total	...	...	...	...	4,245
Government Evacuees		...	...	...	...	...	53
		Grand Total	...	...	...	...	4,298



TABLE II.

SYSTEMATIC EXAMINATIONS (1939-40).

[illegible]

TABLE III. (1939-40)

SYSTEMATIC MEDICAL EXAMINATIONS.

CLASSIFICATION.	ENTRANTS.		SECOND AGE GROUP.		THIRD AGE GROUP.		FOURTH AGE GROUP.		TOTAL.	
	No. of Children.	Per-centage.	No. of Children.	Per-centage.	No. of Children.	Per-centage.	No. of Children.	Per-centage.	No. of Children.	Per-centage.
I. Children free from defects,	3,527	46.12	3,959	46.61	4,004	49.77	242	61.11	11,732	47.73
II. Children (otherwise free from defects) who suffer from :—										
(a) Defective Vision not worse than 6/12 in the better eye, with or without glasses ;	82	1.07	958	11.29	1,077	13.39	76	19.19	2,193	8.92
or (b) Conditions of mouth or teeth requiring treatment, ...	47	.62	15	.18	9	.11	—	—	71	.29
(c) Both (a) and (b), ...	—	—	1	.01	—	—	—	—	1	.004
Total, ...	129	1.69	974	11.48	1,086	13.5	76	19.19	2,265	9.22
III. Children suffering from ailments (other than those mentioned in II.) from which complete recovery is anticipated within a few weeks, ...	2,766	36.16	2,427	28.6	1,945	24.17	47	11.87	7,185	29.23
IV. Children suffering from defects where										
(a) Complete cure may ultimately be expected, ...	1,129	14.76	950	11.2	782	9.72	17	4.29	2,878	11.71
(b) Improvement only may be expected, ...	97	1.27	178	2.11	229	2.84	14	3.54	518	2.11
Total, ...	1,226	16.03	1,128	13.31	1,011	12.56	31	7.83	3,396	13.82
Total No. of children Examined, ...	7,648	100%	8,488	100%	8,046	100%	396	100%	24,578	100%

TABLE IV. (1939-40).

RETURN OF ALL EXCEPTIONAL CHILDREN OF SCHOOL AGE
IN THE AREA.

Disability.	At Ordinary Schools.	At Special Schools or Classes.	Total.
Blind,	—	12	12
Partially sighted—			
(a) Refractive errors in which the curricu- lum of an ordinary school would adversely affect the eye condition,	4	28	32
(b) Other conditions of the eye, <i>e.g.</i> , cataract, ulceration, etc., which render the child unable to read ordinary school books or to see well enough to be taught in an ordinary school,	—	18	18
Deaf—			
Grade IIA,	122	—	122
Grade IIB,	8	3	11
Grade III,	1	81	82
Defective Speech—			
(a) Defects of articulation requiring special educational measures,	—	15	15
(b) Stammering requiring special educa- tional measures,	60	—	60
Mentally Defective (Children between 5 and 16 years)—			
(a) Educable (I.Q. approximately 50-70),	57	260	317
(b) Ineducable (I.Q. generally less than 50),	4	—	4
Epilepsy—			
(a) Mild and occasional,	11	11	22
(b) Severe (suitable for care in a residential school),	3	4	7
Physically Defective (Children between 5 and 16 years)—			
(a) Non-pulmonary tuberculosis (exclud- ing cervical glands),	11	18	29
(b) General orthopaedic conditions, ...	116	49	165
(c) Organic heart disease,	230	44	274
(d) Other causes of ill-health,	131	284	415
Multiple Defects—			
(a),	—	*104	104
(b),	—	†60	60

* Mental Defect plus one or more physical defects.

† More than one physical defect.

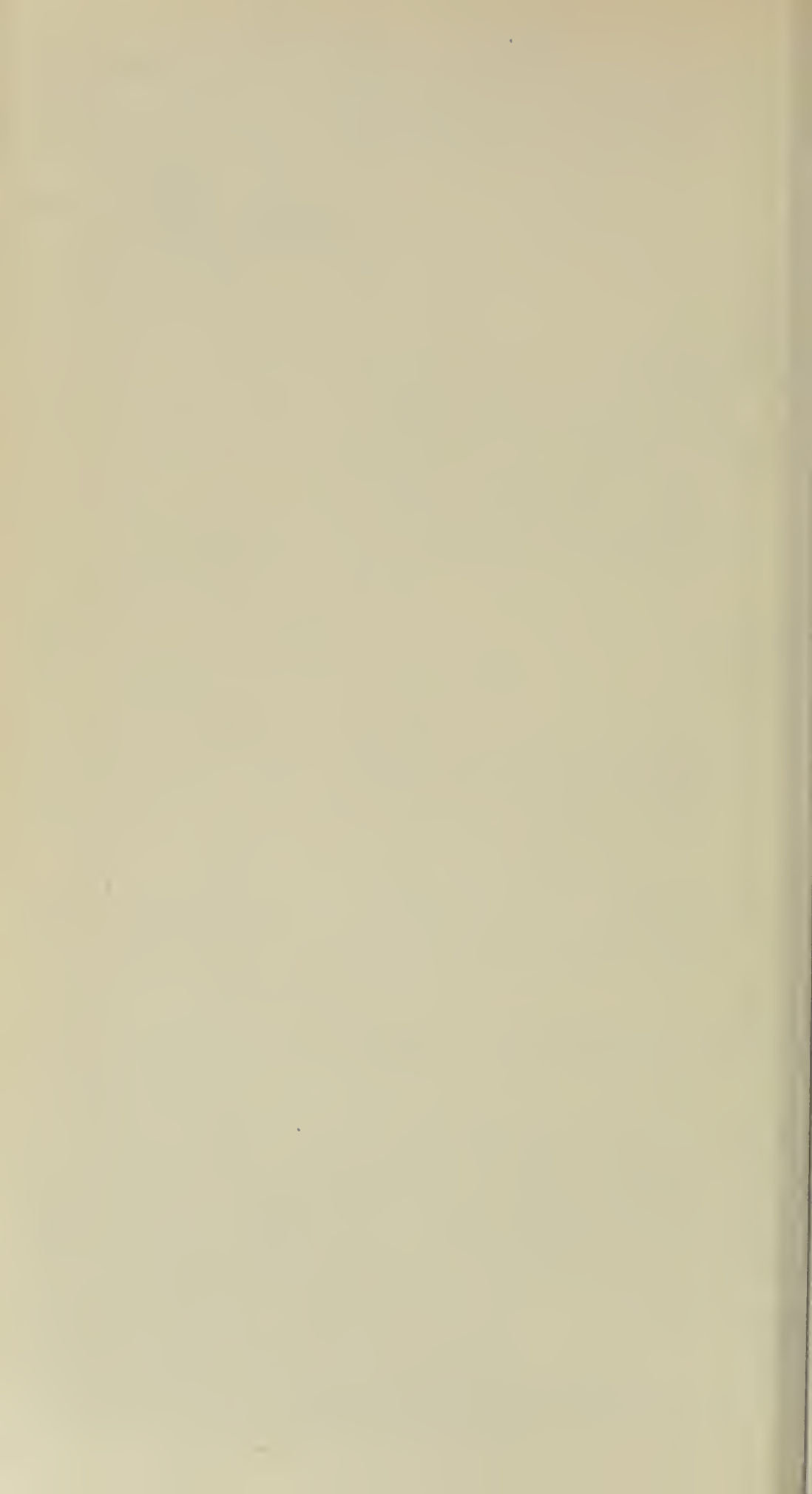


TABLE V.

DENTAL INSPECTION AND TREATMENT (1939-40).

SCHOOL. MANAGEMENT AREA.	NUMBERS EXAMINED.															NUMBERS NOTIFIED.		TOTAL.	Percentage Requiring Treatment.	Number of Pupils Treated.	Number of Attend- ances made for Treatment.	EXTRACTIONS.		FILLINGS.				OTHER TREATMENT.		Number of General Anaes- thetic Cases.	SESSIONS.		NUMBER OF PUPILS											
	5 yrs.	6 yrs.	7 yrs.	8 yrs.	9 yrs.	10 yrs.	11 yrs.	12 yrs.	13 yrs.	14 yrs.	15 yrs.	16 yrs.	17 yrs.	18 yrs.	Total.	Boys.	Girls.					Temp.	Perm.	Amalgam.		Cement.		Temp.	Perm.		Treat- ment.	Inspec- tion.	Necessi- tous.	Partly Necessi- tous.										
																								Temp.	Perm.	Temp.	Perm.																	
Area No. 1.	22	32	45	57	40	41	43	47	21	14	—	—	—	—	362	103	94	197	54.4	126	135	195	26	—	42	—	5	—	22	—	12	3	86	40										
" " 2.	216	233	272	238	287	236	247	253	219	44	5	—	—	—	2,250	667	644	1,311	58.3	899	926	1,313	200	—	298	—	6	—	31	—	86	16	707	192										
" " 3.	403	477	480	560	516	543	525	524	515	164	35	17	12	2	4,773	1,239	1,256	2,495	52.3	1,370	1,545	2,208	363	3	475	—	14	—	78	—	165	33	1,007	363										
" " 4.	456	528	517	536	567	528	521	503	502	144	43	27	6	1	4,879	1,267	1,259	2,526	51.8	1,162	1,211	1,608	427	—	379	1	59	—	212	—	139	44	887	275										
" " 5.	358	412	373	331	375	353	392	287	315	46	1	—	—	—	3,243	1,151	1,220	2,371	73.1	804	845	1,402	252	3	225	—	8	—	26	—	89	24	665	139										
" " 6.	958	874	967	976	1,031	1,004	1,037	933	876	279	100	72	40	32	9,179	3,664	3,896	7,560	82.4	2,812	3,258	5,269	966	—	693	30	97	—	483	—	264	71	1,996	816										
" " 7.	768	747	904	913	816	842	776	813	830	114	3	—	—	—	7,526	2,827	2,706	5,533	73.5	2,102	2,258	3,113	673	6	445	36	249	—	172	—	202	60	1,459	643										
" " 8.	567	540	540	602	634	604	624	493	406	50	7	—	—	—	5,067	1,939	1,962	3,901	77.0	1,182	1,217	1,776	462	4	421	4	8	—	14	—	168	39	873	309										
" " 9.	932	885	944	925	976	898	909	735	655	137	10	4	1	—	8,011	2,108	2,170	4,278	53.4	2,103	2,140	2,498	388	20	457	21	151	—	73	—	187	66	1,358	745										
" " 10.	767	787	753	812	793	760	830	730	669	225	73	53	9	4	7,265	1,821	2,007	3,828	52.6	1,926	1,966	2,248	336	15	453	17	89	—	105	—	161	56	1,296	630										
" " 11.	766	644	686	671	703	689	783	877	931	333	90	49	29	4	7,255	2,549	2,505	5,054	69.7	1,778	1,914	2,598	385	5	303	65	303	2	91	—	144	51	1,279	499										
" " 12.	1,340	1,369	1,504	1,565	1,617	1,497	1,467	1,467	1,752	597	247	158	67	14	14,661	3,592	3,383	6,975	47.6	1,730	1,790	2,196	688	—	550	—	136	—	1,081	—	234	110	1,347	383										
" " 13.	1,135	1,054	1,153	1,107	1,140	1,180	1,245	1,462	1,655	618	278	146	54	19	12,246	3,573	3,422	6,995	57.1	1,961	2,082	2,326	668	—	433	—	109	—	81	—	211	88	1,363	598										
" " 14.	531	564	573	620	617	580	605	535	582	92	4	—	—	—	5,303	2,082	2,295	4,377	82.5	1,269	1,321	1,921	481	24	639	—	8	—	5	—	161	39	878	391										
Total.	9,219	9,146	9,711	9,913	10,112	9,755	10,004	9,659	9,928	2,857	896	526	218	76	92,020	28,582	28,819	57,401	62.4	21,224	22,608	30,671	6,315	80	5,813	174	1,242	2	2,474	—	2,223	700	15,201	6,023										
NOTE.—The above figures include the treatment of 327 Government Evacuees, thus :—															—	—	—	—	—	—	327	330	393	157	1	79	—	30	—	31	—	—	—	—	—	—	—	—	—	—	—	—	327	—

TABLE VI. (1939-40).

VISUAL TREATMENT.

Showing number of children who received full ophthalmic examination, number re-examined, and the number for whom spectacles were prescribed or who were otherwise treated.

TREATMENT CENTRE.	Number of Children Examined.	Number of Children Re-examined.	Total Attendances.	Number for whom Spectacles were prescribed.	Number Treated otherwise or Advised.	Cases uncompleted and Cases not requiring Treatment.
R. JOHN A. MORTIMER.						
Blantyre	82	150	232	67	15	—
Cadder (Bishopbriggs and Chryston)	64	116	180	54	10	—
Carlisle	19	100	119	19	—	—
East Kilbride	11	19	30	9	2	—
Lanark	58	259	317	45	13	—
Larkhall	114	193	307	100	14	—
Shotts	70	132	202	62	8	—
Strathaven	28	58	86	23	5	—
Uddingston	103	207	310	90	13	—
Wishaw	192	369	561	168	24	—
H. SOMERVILLE MARTYN.						
Airdrie	275	464	739	225	36	14
Baillieston	87	181	268	77	9	1
Bellshill	176	346	522	149	25	2
Cambslang	96	217	313	78	14	4
Lesmahagow	30	90	120	27	2	1
Rutherglen	144	279	423	123	16	5
JAMES HILL.						
Motherwell	219	531	750	219	—	—
JAMES R. WATSON.						
Coatbridge	257	235	492	232	25	—
Hamilton	230	358	588	200	29	1
TOTAL	2,255	4,304	6,559	1,967	260	28



TABLE VII. (1939-40)

SHOWING (a) NUMBER OF CHILDREN TREATED AT EACH CLINIC

MINOR AILMENTS.

(b) TOTAL ATTENDANCES MADE; (c) NATURE OF AILMENT FROM WHICH THE CHILDREN SUFFERED.

	AIRDRIE CLINIC.			BELLSHILL CLINIC.			BLANTYRE CLINIC.			CAMBUSLANG CLINIC.			COATBRIDGE CLINIC.			HAMILTON CLINIC.			LARKHALL CLINIC.			MOTHERWELL CLINIC.			RUTHERGLEN CLINIC.			SHOTTS CLINIC.			WISHAW CLINIC.			
	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.				
DISEASES OF THE EYE—																																		
Blepharitis,	76	79	1,119	73	87	1,189	37	37	591	33	32	529	92	91	1,280	87	82	1,142	32	33	627	53	41	560	38	48	469	16	12	273	51	50	1,049	
Conjunctivitis,	12	28	182	20	29	379	14	17	197	28	26	270	45	48	309	45	41	481	30	18	190	14	16	154	32	27	313	1	1	4	15	17	204	
Corneal Ulcer,	—	3	26	2	—	21	2	—	8	—	5	45	9	1	51	1	1	10	1	1	15	—	1	3	1	2	14	—	—	—	1	2	8	
Corneal Opacities,	6	3	48	4	—	21	1	5	93	5	7	205	10	10	101	1	6	88	4	3	201	1	2	17	4	2	109	—	—	—	—	2	40	
Ophthalmia and Phlyctenular Conj.,	—	1	2	—	1	25	—	—	—	—	—	—	4	4	35	1	3	19	—	1	3	—	1	2	—	1	3	—	—	—	—	2	3	
Keratitis-Interstitial,	1	2	16	2	—	38	—	—	—	—	1	28	—	3	36	1	1	79	2	1	40	—	1	1	—	1	48	—	—	—	—	—	—	
Hordeolum (Stye),	7	10	33	5	16	59	16	11	67	9	20	60	22	29	104	17	22	78	11	10	51	6	4	38	9	12	53	—	3	7	4	7	42	
Stillicidium,	—	—	—	—	—	—	—	—	—	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other Diseases,	—	2	7	—	1	10	3	—	6	3	—	10	2	9	26	5	—	16	1	—	2	—	1	1	5	5	36	1	2	4	1	2	3	
TOTAL,	102	128	1,433	106	134	1,742	73	70	962	79	91	1,149	184	195	1,942	158	156	1,913	81	67	1,129	74	67	776	89	98	1,045	18	18	288	74	83	1,369	
DISEASES OF THE SKIN—																																		
Impetigo Contagiosa,	135	122	1,118	91	107	800	77	80	713	87	43	526	173	122	1,296	218	163	1,332	174	103	1,266	135	89	769	95	61	774	40	30	384	95	78	615	
Eczema,	3	3	40	9	7	57	45	31	539	31	11	270	8	5	114	21	17	327	9	6	75	27	18	208	18	7	146	2	3	40	19	21	354	
Alopecia Areata,	3	1	80	3	4	46	4	3	69	3	3	46	2	1	27	4	2	109	1	4	83	1	2	59	1	—	8	—	—	—	3	4	78	
Scabies,	86	85	548	79	108	859	57	52	417	32	24	226	130	125	1,216	106	117	1,080	43	62	355	71	82	737	37	31	233	53	47	584	31	46	399	
Pediculosis Capitis, with Impet.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Contag.,	—	4	18	1	5	18	—	7	17	—	3	4	6	16	49	—	8	41	1	4	20	—	—	—	—	6	25	—	2	5	—	—	—	
Pediculosis Capitis,	2	1	3	1	4	10	—	—	—	—	—	—	—	—	—	—	1	1	2	4	7	—	1	2	1	4	15	—	—	—	1	2	3	
Dermatitis Seborrhoeica,	2	3	9	—	2	9	10	18	167	4	16	101	2	1	8	8	13	69	9	3	91	4	2	28	2	—	7	—	1	2	5	3	35	
Wounds and Septic Sores,	293	215	1,980	134	126	875	245	185	1,388	274	111	1,173	298	186	1,584	435	238	2,205	379	236	2,293	140	64	823	279	160	1,697	16	14	147	110	83	822	
Psoriasis,	4	7	69	2	5	42	1	3	24	—	1	4	12	23	145	—	7	50	—	2	32	—	3	13	1	3	16	1	—	13	1	1	7	
Other Skin Diseases,	48	52	561	55	76	558	67	80	517	91	60	667	55	63	423	84	48	589	78	66	1,200	35	35	180	99	108	834	4	3	69	18	19	236	
TOTAL,	576	493	4,426	375	444	3,274	506	459	3,851	522	272	3,017	686	542	4,862	876	614	5,803	696	490	5,422	413	296	2,819	533	380	3,755	116	100	1,244	283	257	2,549	
DISEASES OF THE EAR—																																		
Chronic Suppurative Inflammation,	35	37	613	30	34	504	19	20	325	13	14	219	61	65	1,335	35	36	578	27	15	403	43	21	336	14	16	341	9	4	299	38	26	724	
Ceruminous Collection,	27	29	59	3	9	29	—	1	1	1	1	7	6	9	27	2	1	8	2	6	29	4	—	9	3	11	34	—	—	—	1	1	9	
Chronic Catarrh,	—	—	—	—	—	—	—	—	—	—	1	4	—	—	—	—	1	7	1	9	42	—	—	—	—	4	7	—	—	—	—	1	2	
Other Diseases,	1	2	3	3	7	64	3	2	12	5	1	12	—	1	1	2	2	9	1	2	11	2	4	29	4	8	32	2	2	16	2	8	59	
TOTAL,	63	68	675	36	50	597	22	23	338	19	17	242	67	75	1,363	39	40	602	31	32	485	49	25	374	21	39	414	11	6	315	41	36	794	
DISEASES OF THE NOSE—																																		
Nasal Catarrh	14	19	236	7	5	57	11	15	316	24	14	467	18	20	210	22	18	485	15	11	345	9	4	69	3	7	39	1	2	11	5	5	38	
Nasal Obstruction,	1	1	2	5	3	75	3	4	118	10	1	153	2	2	63	3	6	164	5	3	119	4	1	41	2	3	36	2	—	15	2	1	21	
TOTAL,	15	20	238	12	8	132	14	19	434	34	15	620	20	22	273	25	24	649	20	14	464	13	5	110	5	10	75	3	2	26	7	6	59	
Ringworm of Head,	1	1	11	—	—	—	1	1	9	—	—	—	1	1	11	—	—	—	—	1	2	—	—	—	—	1	—	1	—	1	5	—	—	12
Ringworm of Body,	3	3	22	2	—	2	2	—	4	1	1	8	5	13	76	—	—	—	1	1	18	—	1	3	4	1	10	—	1	5	—	—	—	
TOTAL,	4	4	33	2	—	2	3	1	13	1	1	8	6	14	87	—	—	—	1	2	20	—	1	3	5	1	11	—	2	10	1	—	12	

TABLE VIIa. (Supplementary), 1939-1940.

MINOR AILMENTS (Treatment at Emergency Clinics).

CLINIC.	EYE DISEASES.			SKIN DISEASES.			EAR DISEASES.			DISEASES OF NOSE.		
	Boys.	Girls.	Attend- ances.	Boys.	Girls.	Attend- ances.	Boys.	Girls.	Attend- ances.	Boys.	Girls.	Attend- ances.
Abington	1	—	5	28	27	387	1	—	10	—	—	—
Biggar	4	—	4	36	18	253	—	4	20	—	—	—
Crawford	—	1	8	33	40	448	2	—	23	—	—	—
Blackwood	7	6	79	60	51	693	12	6	210	2	2	24
Coalburn	3	3	92	19	20	125	6	14	98	—	1	20
Lesmahagow	5	7	44	51	40	497	12	19	103	1	2	11
Carluke	23	41	708	141	132	1,751	9	10	200	—	2	14
Carnwath	10	2	101	79	27	673	7	6	67	—	—	—
Carstairs Junction	—	4	15	47	38	536	—	2	3	—	1	1
Forth	5	6	168	42	18	447	1	—	12	—	—	—
Lanark	17	16	267	78	63	833	3	7	55	—	1	1
Stonehouse	9	11	122	65	66	773	5	10	119	1	—	5
Strathaven	14	6	79	100	49	652	14	3	234	1	—	8
East Kilbride	6	6	86	37	35	278	9	6	73	—	—	—
Allanton	15	10	219	40	38	471	15	7	264	6	2	50
Benhar	12	27	360	274	158	2,081	4	8	74	7	6	148
Cleland	13	11	100	88	45	560	13	12	96	—	2	7
Carmunnock	—	2	7	3	2	18	2	2	34	—	—	—
Auchinloch	24	16	271	134	143	1,574	3	7	91	2	4	67
Caldercruix	8	6	93	93	50	784	7	4	121	5	5	74
Gartcosh	—	—	—	7	9	32	1	—	2	—	—	—
Glenboig	—	1	2	1	7	19	—	—	—	—	—	—
Greengairs	7	13	134	131	49	824	4	—	61	5	3	141
Muirhead	—	2	4	11	6	29	—	1	2	—	—	—
Stepps	5	3	15	9	2	65	1	—	2	—	—	—
Mobile Clinic	50	31	288	385	331	2,642	44	31	296	3	7	31
TOTALS	238	231	3,271	1,992	1,464	17,445	175	159	2,270	33	38	602

Total number of children treated 4,330

Total number of attendances made 23,588

